MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7. 0 2 0	ARTMENT OF PU	BLIC HEALTH AND WELFARE 202	37	
DO NOT WRITE	AMENDED	Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 346 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY REGISTRATION DISTRICT NO. 3465 STATE FILE NUMBER OF THE PROPERTY NO. 3465 STATE FILE NUMBER OF THE PROP	BER	
VS 300	10ED	1. PLACE OF DEATH a. COUNTY Lawrence 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence a. STATE ISSOURT b. COUNTY Montgomery admiss		
Rev . 4/59	♥ ↓ +	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo. Length of stay in 1b C. CITY OR TOWN Montgomery City	Inside Limits Yes 🄼 No 🗌	
1 <u>0550</u> 2 0700	DATE AM 1-6-64 ately	HOSPITAL OR ADDRESS	Reside on Ferm Yes No	
?	G. I	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) Crosby Brumagin DEATH December 3, 1963	Year 3	
- 4 <u>0</u> 5 2	vs embolus osis, mod		IF UNDER 24 HR Hours Min.	
6	embe	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling operator Electrical company Missouri U. S. A. 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
7 <u>0</u> 82	Follows nary em erculos	13b. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE John W. Brumagin Florida Robinson Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
9 1 201	pulmonary Tubercu	(Yes, no, or unknown) (If yes, give war or dates of ser none Hospital records, Mo.S.S., Mt. Vernon, Mo.		
10	ORD OF OF UNCE	PART I. DEATH WAS CAUSED BY: COFORARY OCCUSION ONS.	ninutes	
1.2 93-0 13 6-0	THIS RECORD INSTEAD OF Massive Ther Pul Radvance DOCUME	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause tast. DATE TO (c)		
	rs ok	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 14a Bronchogenic carcinoma with metastasta of liver. Pulmonary tuberculosis, mederately advanced, active ASHD	y in last 90 days.	
	WEN CO	19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or P		
INK RIBBON		E1 p.m. * '	STATE	
	READ OCCUU	WHILE AT WORK 12-3-63 12-3-63 12-3-63		
BLA OI VRITEI	ary Atte	Death Scoured at		
USE BLACK OR TYPEWRITER	SHOULD READ COCOMBATY OC THUBER OF THUBER OF THUBER ON THE OCT OF THE OCT OCT OF THE OCT	Mo. S. S., Mt. Vernon, Mo.	22c. DATE SIGNED	
•-2	A SHE	238. BURIAL, CREMATION, DESCRIPTION (City, town, or county) REMOVAL (Specify) 12-5 63 Montgomeny Stry Cemetery Montgomeny City AUDRESS MAY DATE RECD. BY MOCAL REG. 26. BY GISTRAPY SIGNAPHRE	(State)	
	Pt. I	24. JUNERAL DIRECTOR ADDRESS JUNE STOCKED BY OCAL REG. 26. REGISTRANT SIGNATURE Licensed Embalmer's Statement on Reverse Side)	mplu	

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-STATEMENT BY LICENSED EMBALMER

I here		recorded on the reverse side of this certificate was embalmed by mendative such forms of all tonorous the second state of the such forms of the second state of the se
	and the second s	Social Emballion No.
working unde	r my personal supervision.	1) Min a C / full 2 En
Student		Signed Ullum B Carolin - Inch
	Signature of Student Embalmer	
		Licensed Embalmer Mg. 4
i i i i i i i i i i i i i i i i i i i		10 10 20
•	the state of the s	P. O. Address for flee 160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.